

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002628

STATE FILE NUMBER

AMENDED

Registration District No. 187 Primary Registration District No. 5699 Registrar's No. 8

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tairview Twp</u>		Length of stay in lb <u>15 Yrs.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 Mi. N. of Avalon</u>		d. STREET ADDRESS (If outside, give location) <u>1/2 Mi. North</u>	
3. NAME OF DECEASED (Type or print) First <u>Carlton</u> Middle <u>Lee</u> Last <u>Foxworthy</u>		4. DATE OF DEATH Month <u>January</u> Day <u>8</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/15/1908</u>
9. AGE (last birthday) <u>53</u>		10. BIRTHPLACE (City and state or country) <u>Tippecanoe Co. Ind.</u>	
11. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		12. NAME OF HUSBAND OR WIFE <u>Mary L. Glering</u>	
13. FATHER'S NAME <u>Charles Engold Foxworthy</u>		14. MOTHER'S MAIDEN NAME <u>Hunt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, of or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs. Mary Foxworthy; Avalon, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>          </u> Month, Day, Year <u>          </u> a.m. <u>          </u> p.m. <u>          </u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1-7-62</u> to <u>1-8-62</u> and last saw him alive on <u>1-7-62</u> Death occurred at <u>2:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Norman F. Gleser</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Hale, Mo.</u>	
22c. DATE SIGNED <u>1-9-62</u>		23. NAME OF CEMETERY OR CREMATORY <u>Avalon Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-11-62</u>	
23c. LOCATION (City, town, or county) <u>Avalon, Missouri</u>		23d. (State) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Norman Funeral Home; Chillicothe, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 9, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Armalee Taylor</u>		27. (State) <u>Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John L. Rodgers*

Licensed Embalmer No.

*4563*

P. O. Address

*Chillicothe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.